to the police forces of being murdered.

In addition, some innocent people are found guilty of murder. In Great Britain the discovery that an innocent man had been executed was the main reason for the abolition of the death penalty.

The public must be taught to turn away from slavery and torture and must understand that the death penalty is not an answer to violence, terror and crime. Our members of Parliament have a duty to lead rather than follow public opinion on this issue.

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[Dr. Rose died May 21, 1986. —Ed.]

As a physician who spent 40 years working full-time as a prison doctor, I read the article on capital punishment with great interest. Certain statements call for comment.

Trent states that "Lucas's and Turpin's necks had been broken, rendering them instantly unconscious". Working for the Prison Medical Service in the United Kingdom I became familiar with the recorded autopsy findings after a hanging: a fracture or dislocation, or both, of one or more of the cervical vertebrae. However, as prison physician at Oakalla Prison in Burnaby, BC, I attended executions by hanging and became unsure that such damage to the spinal cord invariably occurred, because I observed chest and leg movements for a while after the drop. Inquests were conducted immediately after pronouncement of death, so autopsies were not done. In 4 of the 11 hangings with which I was medically involved I arranged for radiography of the victims' necks before the bodies were removed. In no case did the radiologist report a fractured or dislocated vertebra, though some "stretching" of the cervical spine was noted. Trent does not state whether the "broken" necks were assumed or clinically proven.

Trent also refers to "a spate of police killings over the last 3 or 4 years". According to Statistics Canada the highest incidence of such killings was in 1962, the year Lucas and Turpin were executed.[1]

I remain totally opposed to capital punishment, but if it is restored a more humane method of killing should be adopted. Capital punishment appears to be no more than an act of retribution eagerly sought as the final solution.

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Reference

1. Fattah EA: *A Study of the Deterrent Effect of Capital Punishment with Special Reference to the Canadian Situation*, Information Canada, Ottawa, 1972: 189

Sex ratio of offspring of patients with prostatic cancer

Dr. Gerry B. Hill and colleagues recently reported findings from a population-based study in Alberta that suggest that patients with prostatic cancer have a greater proportion of male offspring (56.5% v. 50.1%) than do controls who had married at least once (*Can Med Assoc J* 1985; 133: 567–571). However, in the Jan. 15, 1986 issue of *CMAJ* (134: 104–105) Spitz and associates noted that they had failed to replicate this finding in a small hospital-based study. We examined this question using data from a case–control study recently completed in Hawaii.

Our population-based study involved 452 patients with prostatic cancer that had been diagnosed between 1977 and 1985 and 899 randomly selected controls matched by age (within 5 years). The main hypotheses tested, by questionnaire, were dietary in nature, but sociodemographic characteristics and a detailed marital history were also obtained. The participation rates for patients and controls were 62% and 75% respectively.

There were no significant differences in the mean numbers and sex ratios of the offspring of the 431 patients and 850 controls who had been married at least once (Table I), and the equality of the sex ratios was unaltered after adjustment for race (white, Japanese, Hawaiian, Chinese or Filipino), education (high-school diploma or not) and age at first marriage (less than 25 years, 26 to 30, and 31 and over) in a logistic regression analysis similar to that used by Hill and colleagues. The distribution by age at first marriage was similar for the patients and controls.

We were thus unable to confirm, in our somewhat larger study, Hill and colleagues' finding of an association between the sex ratio of offspring and prostatic cancer in fathers. The apparent association may have been due to chance or to an undetected selection bias.

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Table I — Fertility of patients with prostatic cancer and controls and the sex ratio of their offspring

Variable	Patients (n = 431)	Controls (n = 850)
Mean no. of children	3.23	3.16
Mean no. of sons	1.65	1.64
Mean no. of daughters	1.57	1.52
Sex ratio of offspring (% of sons)	51.3	52.0